2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000005348

City-St-Zip: JAX, FL 32202

Entity Name: ALLIGATOR POINT PROPERTIES, LLC

FILED Apr 15, 2009 Secretary of State

Current P	rincipal Place	of Business:	New Principal PI	New Principal Place of Business:	
	RSIDE AVE., SI VILLE, FL 322				
Current M	ailing Addres	s:	New Mailing Address:		
	RSIDE AVE, SU VILLE, FL 322				
FEI Number:	81-0596900	FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Addre	Name and Address of New Registered Agent:	
JAX, FL 3	RSIDE AVE., , \$ 2202 US			though office and a second are such as both	
	named entity s of Florida.	submits this statement for the	purpose of changing its regis	stered office or registered agent, or both	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			ent	Date	
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	CAHOON, ARTI	E AVE., , SUITE 902	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	FRANKLIN, BEI	E AVE., , SUITE 902	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	HUDSON, ASH	Delete FON EAVE., STE 902	Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

City-St-Zip:

SIGNATURE: ARTHUR CAHOON MGR 04/15/2009